

CERTIFICATION OF COMPLETION OF  
FREEDOM OF ACCESS TRAINING REQUIRED BY 1 M.R.S.A. § 412

I, \_\_\_\_\_, hereby certify that I have met the training  
*(Name of elected official)*

requirements set forth in 1 M.R.S.A. § 412 on \_\_\_\_\_ by  
*(date of training)*  
completing the following training:

- ☐ A thorough review of all of the information made available on the  
Frequently Asked Questions portion of the State Freedom of Access  
website, [www.maine.gov/foaa/faq](http://www.maine.gov/foaa/faq).
- ☐ Another training course that includes this information, identified as follows:

\_\_\_\_\_  
*(Title of Course)*

\_\_\_\_\_  
*(Name of Course Provider)*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Elected Office*

**Note:** Training must be completed within 120 days after an elected official takes the oath of  
office or, for elected officials serving in office on July 1, 2008, by November 1, 2008.